

## PERSONAL INFORMATION AND DISCLOSURE STATEMENT FOR DIRECTORS OF CREDIT COUNSELING AGENCIES

This form is generally filed by outside directors (a person who is not a paid employee of the applicant or its parent and who does not own 10% or more of the applicant or its parent) of applicants for a license to conduct business as a Credit Counseling Agency. The information provided on this form must be current (less than 90 days old at the time of filing with the Bureau) and accurate. The form and its contents are confidential. *The report must be executed with an original signature.* File any additional attachments and/or schedules on **8½" x 11"** paper if space provided on the form is inadequate. Sign and date all such schedules.

A Personal Information and Disclosure Statement form containing false or misleading information raises questions about the character, integrity, and general fitness of an outside director of a financial institution. Therefore, it is imperative that you provide true and complete information as requested herein. Additionally, each filer must report promptly any material change in his/her personal information that occurs during the review period of this filing.

Inquiries regarding the preparation and filing of this form should be directed to the Bureau of Financial Institutions, 1300 East Main Street, Suite 800, Post Office Box 640, Richmond, Virginia 23218-0640. Telephone: (804) 371-9690; FAX (804) 371-9416.

I, \_\_\_\_\_  
(Name) (Business Address)

submit herewith the following information to the State Corporation Commission for its confidential use, in connection with

\_\_\_\_\_  
(Reason for Submitting Report)

### PERSONAL INFORMATION

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Residence Address \_\_\_\_\_

Length of Residence in Community \_\_\_\_\_ Social Security Number \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Trade names and/or other names used in place of given name \_\_\_\_\_

List civic, professional, social, or other organizations in which you have membership \_\_\_\_\_

Résumé of Education \_\_\_\_\_

## QUESTIONNAIRE

Read and answer the following questions carefully. If the answer is “yes” to any of the questions, attach a full written explanation. Where applicable, include parties, date(s), court name and address, case number, and court ruling or judgment amount for each matter reported. Also provide copies of court documentation where applicable.	
1. Have any civil judgments been entered against you during the past 10 years?	( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No
2. Are there any civil proceedings pending against you or civil judgements entered against you which involve fraud or dishonesty?	( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No
3. Have you been convicted of or entered a plea of Nolo Contendere to a felony?	( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No
4. Have you ever been convicted of or entered a plea of Nolo Contendere to any misdemeanor involving theft, fraud, or dishonesty?	( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No
5. Have you been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?	( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No
6. Has any company in which you hold or held a ten percent or greater ownership interest or in which you are or were a senior officer or a director been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?	( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No
7. Have you (or any company you control) been refused a license to engage in any business or had any license suspended or revoked by any State or Federal agency?	( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No
8. Have you been discharged for cause or been requested to resign from any employment position?	( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No
9. Are you now or have you ever been an officer or director of any financial institution with respect to which there has been a change in status through closing, reorganization, merger, or any other action as a result of State or Federal supervisory action?	( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No
10. Has your tenure as an officer or director of any such institution been changed or terminated as a result of State or Federal supervisory action?	( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No
11. Have you (or any company you control) been the subject of any past or current formal or informal investigations, examinations, or administrative proceedings conducted by any department, agency, or commission of the United States or any state or municipality, or any foreign government or governmental entity, and/or have any agreements, undertakings, or consents been entered into with any of the foregoing?	( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No

## CERTIFICATION

I certify that to the best of my knowledge, information, and belief, the facts as stated in this form and any schedules attached are true.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature